STATE OF LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

APPOINTMENT AFFIDAVITS

Name	Social Security #	Date of Birth	
Job Title	Section/District	Date of Employment	
IMPORTATNT: Please rea affidavits, be sure you fully	d all information carefully. Befor understand them.	e swearing to t	hese
Constitution and laws of the Sta	rm) to support the Constitution and laws at the of Louisiana, and faithfully and impart you as a state employee according to the	rtially discharge	and perform
		□ YES	□ NO
	on resulting in your appointment, haven (excludes minor traffic violations)	•	cted or
		□ YES	□ NO
IF YES, PLEASE EXPLAI	N		
Since you filed the applicatio discharged as a result of misc	on resulting in your appointment, have	re you resigned	or been
		□ YES	□ NO
IF YES, PLEASE EXPLAI	N		
Do you now hold or are you a	a candidate for an elective public off	ice?	
		□ YES	□ NO
Signature	 Date		